

**TAMALA HOLLAND**  
**PARALEGAL SPECIALIST**  
**DESIGNATED OFFICER**  
**(313) 592-6463**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	/						
4	2						
5	3						
6	1						
7	1						
8	1						
9	1						
10	1						
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48							
49							
50							
<b>TOTAL IND.</b>	/	1	1	1			
<b>TOTAL DEP.</b>	14	↓	14	↓	14	↓	
<b>TOTAL CLAIMS</b>	16	16	16	16	16	16	

BEST AVAILABLE COPY